

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-9288



December 4, 1986

ALL-COUNTY LETTER NO. 86-122

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY AUDITORS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: ASSISTANCE FISCAL CLAIMING INSTRUCTIONS FOR HARDSHIP
SUPPLEMENTAL PAYMENTS

REFERENCE: ALL-COUNTY LETTER NO. 86-110

The purpose of this letter is to provide claiming instructions for hardship supplemental payments issued in accordance with All-County Letter No. 86-110, dated November 6, 1986.

Hardship supplemental payments will, under normal circumstances, be a current month supplemental payment and claimed as such on the Summary Report for the applicable program. In some instances, the recipient may request the supplemental payment too late in the month for the warrant to be issued until the subsequent month. In those instances, the payment will be claimed as a prior supplemental payment on the Summary Report for the month in which it was issued.

There is no federal Title IV-A funding available for hardship supplemental payments. Nonfederal payments will therefore be made to federally eligible assistance units (AUs). Because the funding will be on a state and county only basis, hardship supplemental payments must be identified on the payroll and separately accumulated for claiming purposes. The recommended coding is M.

Office of Refugee Resettlement (ORR) funding in hardship supplemental payments is available only in payments made to AUs which include a time eligible refugee/entrant who is in the 19th through the 31st month of time eligibility. Because Refugee Cash Assistance (RCA) recipients must be discontinued at the end of the 18th month of their time eligibility, only time eligible refugees/entrants on Aid to Families with Dependent Children-Family Group and Unemployed (AFDC-FG/U) and time eligible refugees on Refugee Demonstration Project (RDP) are eligible for this federal ORR funding. Hardship supplemental payments made to AUs which include at least one time eligible refugee/entrant in their 19th through 31st month of time eligibility must be further identified for claiming purposes. The recommended coding is MR. If the current county system cannot accommodate the above recommended coding of M and MR, written notification of the codes utilized must be submitted with the January 1987 claims.

The following forms have been revised and must be used when preparing and submitting the claims for January 1987. Samples of these forms are attached and an initial supply will be sent you under separate cover.

- Form CA 800 - Summary Report of Assistance Expenditures, Aid to Families with Dependent Children.
- Form DFA 844 - ORR Funds for AFDC Refugees/Entrants.
- Form CA 800 RDP - Summary Report of Assistance Expenditures Refugee Demonstration Project (RDP).
- Form DFA 844 RDP - ORR Funds for Refugee Demonstration Project Recipients (RDP).
- Form DFA 846 - Summary Report of Assistance Expenditures for the Refugee Cash Assistance Program (RCA) (Includes Entrants).

Not all of the revisions on these forms will be utilized at the present time. We have attempted to develop generic forms in order to avoid frequent costly revisions.

Claiming Instructions for AFDC-FG/U

Hardship supplemental payments made to AUs must be accumulated and claimed in Line 19A of the Form CA 800. Entering this amount in Line 19A and completing the claiming mechanism will prevent the claiming of federal financial participation (FFP) and assure only state and county participation.

In completing the Form DFA 844, the monthly grant and persons counts must be carried forward to Line 1 as usual and Lines 1 through 10 completed in order to determine the amount of ORR funding available for the continuing aid grants. On Line 11A, enter the total of hardship supplemental payments issued to AUs which include at least one time eligible refugee/entrant in their 19th through 31st month of time eligibility. On Line 11B, enter the persons counts (both federal and nonfederal) claimed for these cases. On Line 11C, enter the number of time eligible refugees/entrants in their 19th through 31st month of time eligibility which were included in Line 11B. Please note this does not constitute double claiming of persons counts. The purpose of this is to establish the amount of hardship supplemental payments which were issued to time eligible refugees/entrants who were in their last 13 months of time eligibility. Completion of the form will determine the total state and county shares available from ORR funding for both hardship supplemental payments and the regular continuing aid grants.

Claiming Instructions for RDP

Follow the instructions for AFDC-FG/U.

Claiming Instructions for RCA

Hardship supplemental payments will be claimed on Line 2 of the Form DFA 846 (or as prior supplementals on Line 5 in rare instances). The payments must be coded on the payroll as required earlier in this letter. The total of these payments must be deleted in Line 11B of the Form DFA 846 and reclaimed in Line 16B. Deletion of hardship supplemental payments in Line 11B will prevent claiming of ORR funds for these payments. Entering the total of these payments in Line 16B and completing the claiming mechanism of the form will establish the state and county shares of funding hardship supplemental payments made to RCA recipients. Please note that Line 17A and B are not currently required but are part of our intent to develop generic forms.

If you should have any questions, please call Ms. Willa Wallen, Fiscal Policy and Procedures Bureau, at (916) 322-9288 or ATSS 492-9288.



ROBERT T. SERTICH
Deputy Director
Administration

cc: CWDA

SUMMARY REPORT OF ASSISTANCE EXPENDITURES AID TO FAMILIES WITH DEPENDENT CHILDREN

FOR STATE USE ☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY	DATE (MONTH, YEAR)
CLAIM CONTACT PERSON	TELEPHONE

☐ FAMILY GROUP (FG)
☐ UNEMPLOYED (U)

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

A. FEDERAL PERSONS COUNTS		B. NONFEDERAL PERSONS COUNTS		C. TOTAL AID	SOURCE DOCUMENTS
ADULTS	CHILDREN	ADULTS	CHILDREN		
					1. Main Payroll
					2. Current Month Supplemental Payroll
()	()	()	()	()	3. Current Month Cancellation Contra Roll
					4. Zero Grant.
					5. Prior Months Supplemental Payroll
					6. Subtotal (reconciliation totals)
()	()	()	()	()	7. Prior Months Cancellation Contra Roll
()	()	()	()	()	8. Abatements
					9. Schedule of Adjustments (show minus items in parentheses)
					10. Subtotals (Lines 7, 8, 9)
					11. DSS Office Audit Corrections (for State Use Only)
					12. Total D.
		13. Total Federal Persons Col. A (Ad + Ch)			13. (12C - 23A) × 15A × .5
		14. Total Persons Col. A (Ad + Ch) + Col. B (Ad + Ch)			14. 20A × 15A × .5
		15. Federal Ratio (13A ÷ 14A carry to 4 places)			15. 21A × 15A × .5 E.
		16. Number of Assistance Units represented by 14A (total persons)		16. 17A × \$1.00	
		17. Federal AU's (16A × 15A, rounded to nearer whole number)		17. 18A × \$2.00	
		18. Nonfederal AU's (16A minus 17A)		18. 21A - 15D	
		19. Amount Payable With State and County Funds Only.		19. 16E + 17E + 18E + 22A	
		20. Amount Payable With Federal and County Funds Only.			
		21. Amount Payable With Federal and State Funds Only			
		22. Amount Payable With State Funds Only.			
		23. 19A + 20A + 21A + 22A			
		C. 24.			
		25. REPAYMENTS		() () () ()	
		26. GRAND TOTALS		\$ \$ \$ \$	
				(Line 12C and 25C) (Line 24D and 25D) (Line 19E + 24E + 25E) (Line 24F + 25F)	
		27. (FOR STATE USE)			
		28.			
		29. (FOR COUNTY USE)			
		A	Ch		
		30.			

I hereby certify under penalty of perjury that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 (FG AND U)

1. Enter county name, and month and year of claim, in spaces provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Complete Lines 1 through 5, and 7 through 9, in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.) All money amounts on this form may be rounded to the nearer dollar.
4. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
5. Line 13A — Add Column A (total federal persons).
6. Line 14A — Add Column A (total federal persons) and Column B (total nonfederal persons).
7. Line 15A — Divide 13A (total federal persons) by 14A (total persons) to determine federal ratio.

Federal and nonfederal AUs are computed as follows:

8. Line 16A — Enter the total Assistance Units (cases) from the CA 237 report.
9. Line 17A — Multiply 16A (total number of AUs) by 15A (federal ratio) to determine federal AUs.
10. Line 18A — Subtract 17A (total federal AUs) from 16A (total number of AUs) to determine nonfederal AUs.

Amounts payable with special funding are accumulated as follows:

11. Line 19A — Determine total amount of special payments included in Line 12C which is payable with state and county funds only; i.e., no federal participation is claimable. Note this does not include regular payments made to AUs which have nonfederal status.
12. Line 20A — Determine total amount payable with federal and county funds only; i.e., no state participation is claimable. As an example, immediate need payments made to AUs for which eligibility was not verified within 15 working days.
13. Line 21A — Determine total amount payable with federal and state funds only; i.e., no county participation is required. This is used for state mandated payments for which federal participation is claimable.
14. Line 22A — Determine total amount payable with state funds only; i.e., there is no federal or county participation in the payment. This is used for state mandated payments but no federal participation is claimable.
15. Line 23A — Total Lines 19A, 20A, 21A and 22A.

Federal Shares are computed as follows:

16. Line 13D — Subtract 23A (the total of payments with irregular funding) from 12C (net total aid paid), then multiply by 15A (federal ratio) and by .5 to determine 50 percent federal share of aid paid under regular funding.
17. Line 14D — Multiply 20A (amount payable with federal and county funds only) by 15A (federal ratio) and by .5 to determine 50 percent federal share of these payments.
18. Line 15D — Multiply 21A (amount payable with federal and county funds only) by 15A (federal ratio) and by .5 to determine 50 percent federal share of these payments.

State shares are computed as follows:

19. Line 16E — Multiply 17A (total federal AUs) by \$1.00 (the state share of the \$2.00 grant increase effective 6/1/73 for federal AUs).
20. Line 17E — Multiply 18A (total nonfederal AUs) by \$2.00 (the state share of the \$2.00 grant increase effective 6/1/73 for nonfederal AUs).
21. Line 18E — Subtract 15D (federal share of amount payable with federal and state funds only) from 21A (total amount payable with federal and state funds only). This step is necessary to determine the state share of amount payable with federal and state funds only.
22. Line 19E — Total Lines 16E, and 17E (the total state share of the 6/1/73 grant increase) plus Line 18E (the state share of the amount payable with federal and state funds only) plus Line 22A (the amount payable with 100 percent state funds only). This step determines the grand total of special amounts payable with state funds only.

Compute total federal, state and county shares as follows:

23. Line 24D — Total 13D plus 14D plus 15D. This will determine the total amount payable with federal funds.
24. Line 24E — From 12C (total aid paid) subtract 13D (the federal share of payments made on the regular participating basis of 50 percent federal, 44.6 state and 5.4 percent county), 20A (amount in which there is no state participation) and 16E, 17E, 21E and 22E (amounts in which there is no county participation). The difference multiplied by .892 is the amount of aid payable with state funds.
25. Line 24F — From 12C (total aid paid) subtract total federal and state participation as computed in 19E, 24D and 24E. This will determine the county share of total aid paid.
26. Line 25C — Enter total repayments from Repayment Contra Rolls.
27. Line 25D, E, and F — Enter the federal, state, and county shares of repayments determined in accordance with ratio shown in MPP Section 25-570.2.
28. Line 26C, D, E, and F — Enter grand totals.
29. Lines 27 and 28 — Reserved for the application of adjustments made by the state (Federal and/or State Field Audit Exceptions, etc.).
30. Lines 29C and F and 30B, C, D, E, F — Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

ORR FUNDS FOR AFDC REFUGEES/ENTRANTS

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

☐ FAMILY GROUP
☐ UNEMPLOYED

NOTE: The reporting of entrants has been combined with the reporting of Refugee Resettlement Program recipients.

COUNTY _____		DATE (MONTH/YEAR) _____							
REFUGEE RESETTLEMENT PROGRAM RECIPIENTS INCLUDING ENTRANTS	EXPENDITURES	PERSONS COUNT							
(Subsequent to 3/31/81, expenditures for time-eligible refugees/entrants only are claimable.)									
1. Totals for those assistance units (AUs) which include one or more time eligible refugee/entrant.		<div style="text-align: right;">A.</div> <div style="display: flex; justify-content: space-between;"> \$ _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">B. FEDERAL</td> <td style="width: 33%; padding: 2px;">C. NONFEDERAL</td> <td style="width: 34%; padding: 2px;">D. TOTAL</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> </div>		B. FEDERAL	C. NONFEDERAL	D. TOTAL			
B. FEDERAL	C. NONFEDERAL	D. TOTAL							
2. Federal ratio (1B ÷ 1D) _____									
3. Expenditures reported in Item 1 which were made in behalf of federally eligible persons. (Item 2 × 1A)		\$ _____							
4. Nonfederal share of amount in Item 3. (3A × .5)		\$ _____							
5. Expenditures reported in Item 1 which were made in behalf of nonfederal persons. (1A minus 3A)		\$ _____							
6. Total nonfederal share of AFDC expenditures in Item 1. (4A + 5A)		\$ _____							
7. Time eligible ratio (7C ÷ 7B) _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">B. TOTAL (SAME AS 1D ABOVE)</td> <td style="width: 50%; padding: 2px;">C. TIME ELIGIBLE REFUGEE COUNT</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		B. TOTAL (SAME AS 1D ABOVE)	C. TIME ELIGIBLE REFUGEE COUNT				
B. TOTAL (SAME AS 1D ABOVE)	C. TIME ELIGIBLE REFUGEE COUNT								
8. ORR funds claimable for time eligible refugee/entrant recipients. (Item 7 × 6A)		\$ _____							
9. State share of ORR funds claimable (Line 8) × .892.		\$ _____							
10. County share of ORR funds claimable. (Line 8 minus Line 9)		\$ _____							

SPECIAL CLAIMING INSTRUCTIONS FOR HARDSHIP SUPPLEMENTAL PAYMENTS

11. Totals for those AUs which include one or more refugee/entrant who is in the 19th thru 31st month of time eligibility and the AU received a hardship supplemental payment.		<div style="display: flex; justify-content: space-between;"> \$ _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">B. TOTAL</td> <td style="width: 50%; padding: 2px;">C. TIME ELIGIBLE REFUGEE COUNT</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> </div>		B. TOTAL	C. TIME ELIGIBLE REFUGEE COUNT		
B. TOTAL	C. TIME ELIGIBLE REFUGEE COUNT						
12. Time eligible ratio (11C ÷ 11B) _____							
13. ORR funds for hardship supplemental payments (Item 12 × 11A)		\$ _____					
14. State share of ORR funds for hardship supplementals (Item 13 × .892)		\$ _____					
15. Total state share (Item 9 + Item 14)		\$ _____					
16. County share of ORR funds for hardship supplementals (Item 13 minus Item 14)		\$ _____					
17. Total county share (Item 10 + Item 16)		\$ _____					
18. Total state and county shares of ORR funds (Item 15 + Item 17)		\$ _____					

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and accounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL _____

TITLE _____

DATE _____

INSTRUCTIONS FOR USE OF FORM DFA 844

Complete the following items in accordance with data for all AFDC cases (AUs) which include one or more time eligible refugee/entrant.

1. In Line 1A enter total expenditures; in 1B enter the federal persons count, in 1C enter the nonfederal persons count; and in 1D enter the total persons count.
2. Determine the federal ratio by dividing federal persons count by the total persons count. Enter the ratio in Line 2.
3. Multiply total expenditures reported in 1A by the federal ratio (Item 2) to determine the amount expended in behalf of federally eligible persons. Enter the amount in Line 3.
4. In Line 4 enter the nonfederal share of expenditures shown in Line 3 (Line 3 multiplied by .5).
5. In Line 5 enter that portion of the expenditures in 1A made in behalf of nonfederal persons: Subtract 3A (portion expended in behalf of federal persons) from 1A (total expended).
6. Determine the total nonfederal share by adding 4A and 5A. Enter the amount in Line 6.
7. In 7B enter the total persons count shown in Line 1, Column D. In 7C enter the time eligible persons count. Determine the time eligible ratio by dividing the time eligible person count by total persons count. Enter the ratio in the space provided in Line 7.
8. Enter the additional federal funds claimable for time eligible refugee/entrant recipients in Line 8: Multiply the nonfederal share of AFDC expenditures (Item 6) by the ratio shown in Item 7.
9. Compute the state share of additional federal funds claimable by multiplying the total of: Line 8 by .892. Enter the amount in Line 9.
10. Enter the county share of the additional federal funds claimable in Line 10. (Line 8 minus Line 9).
11. In Line 11A enter the total amount payable with state funds only which was paid to AUs with at least one refugee/entrant in the 19th through 31st month of time eligibility.

In Line 11B enter the total persons counts (federal and or nonfederal) claimed on the Form CA 800 for these AUs.

In Line 11C enter the number of persons counts claimed for refugees/entrants in the 19th through month of time eligibility which were included in Line 11B.
12. Determine the time eligible ratio by dividing the time eligible persons count in Line 11C by total persons count in Line 11B. Enter the ratio in the space provided in Line 12.
13. Enter additional ORR funds claimable for AUs which include at least one refugee/entrant in the 19th through 31st month of time eligibility and received a hardship supplemental payment. (Item 12 x 11A).
14. Compute state share of ORR funds claimable (Item 13 x .892).
15. Enter total state share of ORR funds claimable (Item 9 + Item 14).
16. Compute county share of ORR funds claimable (Item 13 minus Item 14).
17. Enter total county share of ORR funds claimable (Item 10 + Item 16).
18. Total state and county shares of ORR funds (Item 15 + Item 17).

SUMMARY REPORT OF ASSISTANCE EXPENDITURES REFUGEE DEMONSTRATION PROJECT (RDP)

☐ FAMILY GROUP (FG)☐ UNEMPLOYED (U)

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

FOR STATE USE ☐ DSS ☐ COUNTY WELFARE ☐ COUNTY AUDITOR

COUNTY	DATE (MONTH-YEAR)
CLAIM CONTACT PERSON	TELEPHONE

A. FEDERAL PERSONS COUNTS		B. NONFEDERAL PERSONS COUNTS		C. TOTAL AID	SOURCE DOCUMENTS
ADULTS	CHILDREN	ADULTS	CHILDREN		
					1. Main Payroll
					2. Current Month Supplemental Payroll
()	()	()	()	()	3. Current Month Cancellation Contra Roll
					4. Zero Grant
					5. Prior Months Supplemental Payroll
					6. Subtotal (reconciliation totals)
()	()	()	()	()	7. Prior Months Cancellation Contra Roll
()	()	()	()	()	8. Abatements
					9. Schedule of Adjustments (show minus items in parentheses)
					10. Subtotals (Lines 7, 8, 9)
					11. DSS Office Audit Corrections (for State Use Only)
					12. Total D.
		13. Total Federal Persons Col. A (Ad + Ch)			13. (12C - 23A) x 15A x .5
		14. Total Persons Col. A (Ad + Ch) + Col. B (Ad + Ch)			14. 20A x 15A x .5
	%	15. Federal Ratio (13A ÷ 14A carry to 4 places)			15. 21A x 15A x .5 E.
		16. Number of Assistance Units represented by 14A (total persons)		16. 17A x \$1.00	
		17. Federal AU's (16A x 15A, rounded to nearer whole number)		17. 18A x \$2.00	
		18. Nonfederal AU's (16A minus 17A)		18. 21A - 15D	
		19. Amount Payable With State and County Funds Only		19. 16E + 17E + 18E + 22A	
		20. Amount Payable With Federal and County Funds Only			
		21. Amount Payable With Federal and State Funds Only			
		22. Amount Payable with State Funds Only			
		23. 19A + 20A + 21A + 22A		D. FEDERAL (Line 13D + 14D + 15D)	E. STATE (12C - 13D - 16E + 17E - 20A - 21A - 22A) + .892
				F. COUNTY (12C - 19E - 24D - 24E)	
		C. 24.			
25.	REPAYMENTS	()	()	()	()
26.	GRAND TOTALS	\$	\$	\$	\$
		(Line 12C and 25C)	(Line 24D and 25D)	(Line 19E + 24E + 25E)	(Line 24F + 25F)
27.	(FOR STATE USE)				
28.					
29.	(FOR COUNTY USE)				
	A Ch				
30.					

I hereby certify under penalty of perjury that I am the official responsible for the administration of Aid to Families with Dependent Children in and for aforesaid county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments reflected herein have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

I hereby certify, under penalty of perjury, that I am the officer in aforesaid county responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for Aid to Families with Dependent Children made by the county; that said amounts correctly reflect Federal, State and County Shares in the aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the Department of Social Services.

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

DATE

INSTRUCTIONS FOR USE OF FORM CA 800 (RDP)

1. Enter county name and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. Complete Lines 1 through 5, and 7 through 9, in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.) All money amounts on this form may be rounded to the nearer dollar.
4. Enter the subtotals in Lines 6 and 10 and the totals in Line 12.
5. Line 13A — Add Column A (total federal persons).
6. Line 14A — Add Column A (total federal persons) and Column B (total nonfederal persons).
7. Line 15A — Divide 13A (total federal persons) by 14A (total persons) to determine federal ratio.

Federal and nonfederal AUs are computed as follows:

8. Line 16A — Enter the total Assistance Units (cases) from the CA 237 report.
9. Line 17A — Multiply 16A (total number of AUs) by 15A (federal ratio) to determine federal AUs.
10. Line 18A — Subtract 17A (total federal AUs) from 16A (total number of AUs) to determine nonfederal AUs.

Amounts Payable With Special Funding are accumulated as follows:

11. Line 19A — Determine total amount of special payments included in Line 12C which is payable with state and county funds only; i.e., no federal participation is claimable. Note this does not include regular payments made to AUs which have nonfederal status.
12. Line 20A — Determine total amount payable with federal and county funds only, i.e., no state participation is claimable. As an example, immediate need payments made to AUs for which eligibility was not verified within 15 working days.
13. Line 21A — Determine total amount payable with federal and state funds only; i.e., no county participation is required. This is used for state mandated payments for which federal participation is claimable.
14. Line 22A — Determine total amount payable with state funds only; i.e., there is no federal or county participation in the payment. This is used for state mandated payments but no federal participation is claimable.
15. Line 23A — Total Lines 19A, 20A, 21A and 22A.

Federal shares are computed as follows:

16. Line 13D — Subtract 23A (the total of payments with irregular funding) from 12C (net total aid paid), then multiply by 15A (federal ratio) and by .5 to determine 50 percent federal share of aid paid under regular funding.
17. Line 14D — Multiply 20A (amount payable with federal and county funds only) by 15A (federal ratio) and by .5 to determine 50 percent federal share of these payments.
18. Line 15D — Multiply 21A (amount payable with federal and state funds only) by 15A (federal ratio) and by .5 to determine 50 percent federal share of these payments.

State shares are computed as follows:

19. Line 16E — Multiply 17A (total federal AUs) by \$1.00 (the state share of the \$2.00 grant increase effective 6/1/73 for federal AUs).
20. Line 17E — Multiply 18A (total nonfederal AUs) by \$2.00 (the state share of the \$2.00 grant increase effective 6/1/73 for nonfederal AUs).
21. Line 18E — Subtract 15D (federal share of amount payable with federal and state funds only) from 21A (total amount payable with federal and state funds only). This step is necessary to determine the state share of amount payable with federal and state funds only.
22. Line 19E — Total lines 16E and 17E (the total state share of the 6/1/73 grant increase) plus Line 18E (the state share of amount payable with federal and state funds only) plus Line 22A (the amount payable with 100 percent state funds only). This step determines the grand total of amounts payable with state funds only.

Compute total federal, state and county shares as follows:

23. Line 24D — Total 13D plus 14D plus 15D. This will determine the total amount payable with federal funds.
24. Line 24E — From 12C (total aid paid) subtract 13D (the federal share of payments made on the regular participating basis of 50 percent federal, 44.6 percent state and 5.4 percent county), 20A (amount in which there is no state participation) and 16E, 17E, 21E and 22E (amounts in which there is no county participation). The difference multiplied by .892 is the amount of aid payable with state funds.
25. Line 24F — From 12C (total aid paid) subtract total federal and state participation as computed in 19E, 24D and 24E. This will determine the county share of total aid paid.
26. Line 25C — Enter total repayments from Repayment Contra Rolls.
27. Line 25D, E and F — Enter the federal, state, and county shares of repayments determined in accordance with ratios shown in MPP Section 25-570.2.
28. Line 26C, D, E, and F — Enter grand totals.
29. Line 27 and 28 — Reserved for the application of adjustments made by the state (Federal and/or State Field Audit Exceptions, etc.).
30. Lines 29C and F and 30B, C, D, E, F — Included at county request and use is optional. If adjustments are reported in Line 9 which affect total aid paid, this space may be used for reconciling total expenditures as reported by the welfare department with the county auditor's records of expenditures.

ORR FUNDS FOR REFUGEE DEMONSTRATION PROJECT RECIPIENTS (RDP)

☐ FAMILY GROUP
☐ UNEMPLOYED

NOTE: Complete in accordance with instructions from DSS

COUNTY:		DATE (MONTH/YEAR)
REFUGEE DEMONSTRATION PROJECT RECIPIENTS	EXPENDITURES	PERSONS COUNT

A.

- Totals for those assistance units (AUs) which include one or more time eligible RDP recipients.

B. FEDERAL	C. NONFEDERAL	D. TOTAL
------------	---------------	----------
- Federal ratio $(1B \div 1D)$ _____
- Expenditures reported in Item 1 which were made in behalf of federally eligible persons. (Item 2 \times 1A)

\$ _____

- Nonfederal share of amount in Item 3. $(3A \times .5)$

\$ _____

- Expenditures reported in Item 1 which were made in behalf of nonfederal persons. $(1A \text{ minus } 3A)$

\$ _____

- Total nonfederal share of AFDC expenditures in Item 1. $(4A + 5A)$

\$ _____

- Time eligible ratio $(7C \div 7B)$ _____

B. TOTAL (SAME AS 1D ABOVE)	C. TIME ELIGIBLE REFUGEE COUNT
-----------------------------	--------------------------------
- ORR funds claimable for time eligible RDP recipients. (Item 7 \times 6A)

\$ _____

- State Share of ORR funds claimable (Line 8) \times .892.

\$ _____

- County share of ORR funds claimable. (Line 8 minus Line 9)

\$ _____

SPECIAL CLAIMING INSTRUCTIONS FOR HARDSHIP SUPPLEMENTAL PAYMENTS

- Totals for those AUs which include one or more refugees who is in the 19th thru 31st month of time eligibility and the AU received a hardship supplemental payment.

\$ _____	B. TOTAL	C. TIME ELIGIBLE REFUGEE COUNT
----------	----------	--------------------------------
- Time eligible ratio $(11.C \div 11.B)$ _____
- ORR funds for hardship supplemental payments (Item 12 \times 11A)

\$ _____

- State share of ORR funds for hardship supplementals (Item 13 \times .892)

\$ _____

- Total state share (Item 9 + Item 14)

\$ _____

- County share of ORR funds for hardship supplementals (Item 13 minus Item 14)

\$ _____

- Total county share (Item 10 + Item 16)

\$ _____

- Total state and county shares of ORR funds (Item 15 + Item 17)

\$ _____

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and accounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL:

TITLE

DATE:

INSTRUCTIONS FOR USE OF FORM DFA 844 RDP

Complete the following items in accordance with data for all RDP cases claimed on the accompanying Summary Report.

1. In Line 1A enter total expenditures; in 1B enter the federal persons count, in 1C enter the nonfederal persons count; and in 1D enter the total persons count.
2. Determine the federal ratio by dividing federal persons count by the total persons count. Enter the ratio in Line 2.
3. Multiply total expenditures reported in 1A by the federal ratio (Item 2) to determine the amount expended in behalf of federally eligible persons. Enter the amount in Line 3.
4. In Line 4 enter the nonfederal share of expenditures shown in Line 3 (Line 3 multiplied by .5).
5. In Line 5 enter that portion of the expenditures in 1A made in behalf of nonfederal persons: Subtract 3A (portion expended in behalf of federal persons) from 1A (total expended).
6. Determine the total nonfederal share by adding 4A and 5A. Enter the amount in Line 6.
7. In 7B enter the total persons count shown in Line 1, Column D. In 7C enter the time eligible persons count. Determine the time eligible ratio by dividing the time eligible person count by total persons count. Enter the ratio in the space provided in Line 7.
8. Enter the additional federal funds claimable for time eligible refugee recipients in Line 8: Multiply the nonfederal share of AFDC expenditures (Item 6) by the ratio shown in Item 7.
9. Compute the state share of additional federal funds claimable by multiplying the total of: Line 8 by .892. Enter the amount in Line 9.
10. Enter the county share of the additional federal funds claimable in Line 10. (Line 8 minus Line 9).
11. In Line 11A enter the total amount of hardship supplemental payments which was paid to AUs with at least one refugee in the 19th through 31st month of time eligibility.

In Line 11B enter the total persons counts (federal and or nonfederal) claimed on the Form CA 800 RDP for these AUs.

In Line 11C enter the number of persons counts claimed for refugees in the 19th through 31st month of time eligibility which were included in Line 11B.
12. Determine the time eligible ratio by dividing the time eligible persons count in Line 11C by total persons count in Line 11B. Enter the ratio in the space provided in Line 12.
13. Enter additional ORR funds claimable for AUs which include at least one refugee in the 19th through 31st month of time eligibility and received a hardship supplemental payment (Item 12 x 11A).
14. Compute state share of ORR funds claimable (Item 13 x .892).
15. Enter total state share of ORR funds claimable (Item 9 + Item 14).
16. Compute county share of ORR funds claimable (Item 13 minus Item 14).
17. Enter total county share of ORR funds claimable (Item 10 + Item 16).
18. Total state and county shares of ORR funds (Item 15 + Item 17).

**SUMMARY REPORT OF ASSISTANCE
EXPENDITURES FOR THE REFUGEE
CASH ASSISTANCE PROGRAM (RCA)
(INCLUDES ENTRANTS)**

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

FOR STATE USE <input type="checkbox"/> SDSS <input type="checkbox"/> County Welfare <input type="checkbox"/> County Auditor	
COUNTY	DATE (MONTH-YEAR)
CLAIM CONTACT PERSON	(TELEPHONE)
	()

COUNTY

DATE (MONTH)

(YEAR)

A PERSONS COUNTY	B TOTAL AID PAID	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current month supplemental payroll
() ()		3. Current month cancellation contra roll
		4. Zero Grant
		5. Prior months supplemental payroll
		6. SUBTOTAL (<i>reconciliation totals</i>)
() ()		7. Prior months cancellation contra roll
() ()		8. Abatements and repayments
		9. Schedule of adjustments (<i>show minus items in parentheses</i>)
		10. SUBTOTAL (<i>Lines 7,8,9</i>)
() ()		11. Nonfederal persons counts and amounts
		12. TOTALS

Federal Funds Claimable: (Expenditures × 100%)

PERSONS	EXPENDITURES

13. Unaccompanied Children (UC).

14. Refugees and entrants (other than (UC)).

15. Net totals of Lines 13 plus 14. (Balance to Lines 12A and 12B above.) Total Federal Funds claimable.

State and County Shares of Amounts Deleted in Line 11

PERSONS	EXPENDITURES

16. Amount deleted from Line 11 above.

17. Amount payable with State Funds only.

18. State and County Funds only.

A PERSONS (16A)	B EXPENDITURES (16B)	C STATE 17B + (.892 × 18B)	D COUNTY .108 × 18B

19. Total State and County funds claimable, Line 19C + 19D = Line 19B.

CERTIFICATION

I hereby certify, under penalty of perjury that I am the official responsible for the administration of the Refugee Cash Assistance Program in and for the aforesaid county; that the above information is correct to the best of my knowledge and belief; that payment for these expenditures has not been received; and that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code.

SIGNATURE OF AGENCY OFFICIAL

TITLE

DATE

INSTRUCTIONS FOR USE OF FORM DFA 846

1. This form is to be used for claiming federal reimbursement of Refugee Cash Assistance expenditures for refugees (*Aid code 01*) and entrants (*Aid code 08*).
2. Enter the county name and the month and year of the claim in the space provided.
3. Enter the name and telephone number of the staff person who is to be contacted if there are any questions regarding the claim.
4. Complete Lines 1 through 5, and 7 through 9 in accordance with amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll or contra roll).
5. Enter the Subtotals on Lines 6 and 10 and the totals on Line 12.
6. Line 11 — Enter as minus items any amounts and applicable persons counts which are not 100 percent federally reimbursable. (Persons counts will be deleted only if the total monthly grant is being deleted from federal reimbursement.)
7. Line 13 — Enter persons counts and expenditures in behalf of all *unaccompanied children in receipt of Refugee Cash Assistance (Aid code 01 plus Aid code 08)*. Must be separately identified with a payment code; suggested codes—refugee—UR entrant—EM.
8. Line 14 — Enter federal persons counts and federal expenditures in behalf of other refugees and entrants in receipt of Refugee Cash Assistance (*Aid code 01 plus Aid code 08*).
9. Line 15 — Enter the totals of persons counts and amounts in Line 13 plus Line 4. This is the total amount of expenditures reimbursable from federal funds.
10. Line 16 — Enter the total persons counts and amounts as deleted in Line 11 above.
11. Line 17 — Enter the amounts and any applicable persons counts included in Line 16 which are payable from state funds only.
12. Line 18 — Enter the amounts and any applicable persons counts included in Line 16 which are payable from state and county funds only.
13. Line 19A and B — Enter the persons counts and amount claimed in Line 16 above.
14. Line 19C — Enter the amount payable from state funds only.
15. Line 19D — Enter the amount payable from county funds only.
(NOTE: Currently the ratio of 89.2 percent state and 10.8 percent county is being used because the only nonfederal payments involved are payments to RCA recipients who are being aided on the AFDC-FG/U payment level.)